



Veterans Health Administration

Hurricane Incident-specific Guidance

**Annex A to Appendix F
VHA Handbook 0320**

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Incident-specific Guidance

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I. Introduction

The Veterans Health Administration (VHA) has developed operational guidelines for staff who conduct incident management activities at the Central Office, Veterans Integrated Service Network, and VA Medical Facilities. These procedures were developed for the VHA Joint Operations Center (JOC) which plays an important information management role during emergencies. This guidance is consistent with the National Incident Management System (NIMS).

The operational guidelines are organized as follows:

- **Appendix F, VHA Emergency Operations Procedures:** This separate document provides the overall concept of operations, general procedures and responsibilities of all levels of VHA during response and recovery to a major emergency.
- **Annex A, Hurricane Incident-specific Guidance:** This document provides guidance for the response and recovery to specific hazards.
- **Attachment 1 to Appendix F:** This document contains specific procedures for the VHA Joint Operations Center, VISN and VA medical facility Emergency Operations Centers.
- **Attachment 2 to Appendix F:** This separate document contains a glossary of terms and list of acronyms used in the various documents.
- **Supplementary Information:** This information includes administrative policies and procedures and Blanket Purchase Agreements (BPAs) which are available at the following link: <http://vaww1.va.gov/emshg/page.cfm?pg=127>

II. Purpose

These operational procedures establishes the framework for coordinating and/or managing the Veterans Health Administration public health and medical assets response to support both natural and manmade emergencies utilizing an all hazards approach to incident management.

VHA HURRICANE PLAYBOOK

| Briefing Paper | Actions/Issues | Responsible Office |
|---|--|-------------------------|
| <p style="text-align: center;">DRAFT v.10</p> <p style="text-align: center;">Heightened Situational Awareness Phase 0</p> <p style="text-align: center;">Trigger Event 1: Receipt of Tropical Advisory Indicating the Development of a Potentially Damaging Tropical Event</p> <p style="text-align: center;">(Approximately Day -7 (Hour - 168) to Day -5 (Hour -120))</p> | | |
| VHA Strategy: Closely Monitor Events and Begin Review of Advance Preparations Required to Facilitate an Effective and Timely Response | | |
| | A. Planning and Coordination | |
| | 1. Ensure contact through the VAROC with Homeland Security Operations Center to maintain a heightened state of situational awareness | 13, (EMSHG) |
| | 2. Review and validate VHA Hurricane Play Book | 10N, 13, 11 |
| XX | 3. Review and validate VHA Essential Elements of Information (EEl)s, information collection strategies and methodologies, and related information collection resources decision points | 10N, 13, 11, 108, EMSHG |
| XX | 4. Ensures pre-scripted activation Mission Assignments (PSMAs) and existing interagency and contractual vehicles are available for rapid implementation and execution | 13, OSP, OA&MM |
| | 5. Review emergency personnel rosters and related tables of organization (teams) and equipment in support of active and sustainable field response and recovery operation | 10N, 13, 11, 108 |
| | 6. Ensure financial and acquisition personnel and systems are brought to and maintained at the highest state of readiness | 13, 10N |
| | 7. Establish and maintain required communication and coordination links with ESF #8 Partners, VA/VHA Central Office staff offices, and VHA field operations (VISNs and VAMCs) | 13C |
| | 8. Participate in video teleconferences and other conference calls with ESF #8 Partners concerning the situation, mission, and objectives | 13 |
| | 9. Conduct video teleconferences and other conference calls with VISNs/VAMCs at potential risk | 10N |
| | 10. Send as requested by HHS, pre-identified liaisons to HHS SOC (Secretary's Operations Center). | 13C |

| Briefing Paper | Actions/Issues | Responsible Office |
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| | 11. Test Government Emergency Telecommunications System, (GETS) accounts and cards for their landline and cellular telephones (WPS) and that all appropriate interagency Telecommunications Service Priorities (TSP) and Wireless Service Priorities (WSP) actions are coordinated with and ready for immediate post-incident implementation and execution; | ALL |
| | 12. Initiate tests of emergency contact communications and cascading call-down lists; | ALL |
| | 13. Direct rostered personnel to prepare for deployment by reviewing all deployment requirements, procedures and practices and review alert, activation, and deployment standard operating procedures, practices, and protocols. | 10N, 11 |
| XX | 14. Obtain incident-specific information and data, analysis, and assessments based on available quantitative data required by the EEI. (reference step 3). | 10 N, 13, 11, 108, EMSHG |
| | 15. Ensure VISNs and VAMCs perform or review pre-impact analysis of the likely consequences on the public health, human services and medical critical infrastructures as applies to veterans care and staff. An initial impact analysis will provide a view of potential impacts in the widest possible impact area based on available storm tracking models. | 10N |
| XX | <u>16. Identify and verify key executive structure and Incident Management structure contacts/assignments.</u> | 10N, 13C, 11 |
| | | |
| | B. Healthcare, Emergency Response, and Human Services | |
| | 1. Verify readiness all VA FCCs for patient reception | 13C |
| | 2. Issue advisories and alerts as appropriate to VHA Teams | 10N, 13 |
| | 3. Ensure VISNs/VAMCs at risk provide daily Issue Briefs/SITREPs | 10N |
| | 4. Initiate daily bed availability reports from all VAMCs to include surge beds available within 24 hours of notification. | 10N |
| | | |
| | C. Surveillance, Investigation, and Protective Health Measures | |
| | 1. Coordinate with CDC and ESF #8 Partners regarding Risk Communications and appropriate field guidance are provided to VISNs, VAMCs and VHA personnel in potential impact areas. | 13 |
| | | |
| | D. Pharmaceuticals, Medical Supplies and Equipment | |
| | 1. Verify readiness status of VHA pharmaceutical caches. | 119 |
| | 2. Ascertain the status of vaccination/immunization supplies in the potential impact areas. | 119 |
| | 3. Verify coordination with Prime Vendor for medical supplies and emergency delivery schedules. | 10N |
| | 4. Verify the location and availability of deployable assets (generators, mobile clinics, trailers, decon capabilities, etc.) | 10N, EMSHG |

| Briefing Paper | Actions/Issues | Responsible Office |
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| | | |
| | E. Patient Evacuation | |
| | 1. a. Verify up to date patient evacuation plans for VAMCs in potential impact areas. b. Identify potential evacuation requirements (#s and types of patients, equipment, transportation, etc.) at VAMCs in potential impact areas. | 10N, EMSHG |
| | 2. Identify potential VAMC sites for evacuated patients. | 10N, EMSHG, 13 |
| | 3. Ensure all VAMCs review possible discharges and transfers in potential impact areas. | 10N |
| | 4. Activate Air Evacuation BPA. | 10N, EMSHG, 13 |
| | F. Communications and Outreach | |
| | 1. Identify all information and risk communication essential to ensure proper alerts and public service announcements for all veteran patients, employees and volunteers. | 10N |
| | | |
| | REVIEW AND PREPARE TO INITIATE ACTIONS UNDER PHASE I | ALL |

| Briefing Paper | Actions/Issues | Responsible Office |
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| <p align="center">Phase I Alert, Activation, and Deployment</p> <p align="center">Trigger Event 2: Formal Alert Via the VA Readiness Operations Center (VAROC) to be Prepared to Activate and Deploy (Approximately Day - 5, Hour - 120 to H Hour)</p> | | |
| VHA Strategy: Closely Monitor Events and Begin Review of Advance Preparations Required to Facilitate an Effective and Timely Response | | |
| Stage 1 Alert Notifications Day - 5 (Hour -120) to Day - 4 (Hour -96) | | |
| | | |
| | A. Planning and Coordination | |
| | 1. Ensure that the VHA Under-Secretary for Health is notified of the threat and is receiving regular updates. | 10N |
| | 2. Continue to conduct scheduled Video/Teleconference calls to maintain situational awareness and to identify potential issues in potential areas at risk. | 10N |
| | 3. Ensure that all per-impact analyses of the likely consequences on the public health, human services and medical critical infrastructure are refined as the threat information evolves. | 10N |
| | 4. Activate VHA Joint Operations Center (12 hour coverage) and brief EMSHG Duty Officer. | 13 |
| | 5. Alert VAROC of VHA Operations Center activation. | 13 |
| | 6. Ensure that VHA Operations Center has established interoperable communications with applicable VISN EOCs. | 13 |
| | | |
| | B. Healthcare, Emergency Response, and Human Services | |
| | 1. Alert all VHA Management Support Teams. | 10N |
| | 2. Validate the availability of rostered personnel to deploy within 24 hours. | 10N, 13 |
| | 3. Identify projected short falls by numbers and type of personnel and solicit additional personnel for deployment. | 10N, 13, 11, 108 |
| | | |
| | C. Surveillance, Investigation, and Protective Health Measures | |
| | 1. Disseminate Risk Communications and appropriate field guidance to VISNs, VAMCs and VHA personnel in potential impact areas. | 10N |
| | | |
| | D. Pharmaceuticals, Medical Supplies and Equipment | |
| | 1. Verify readiness status of VHA pharmaceutical caches. | 119 |

| Briefing Paper | Actions/Issues | Responsible Office |
|----------------|--|--------------------|
| | 2. Ascertain the status of vaccination/immunization supplies in the potential impact areas. | 119 |
| | 3. Verify coordination with Prime Vendor for medical supplies and emergency delivery schedules. | 10N |
| | E. Patient Evacuation | |
| | 1. a. Verify up to date patient evacuation plans for VAMCs in potential impact areas. b. Identify potential evacuation requirements (#s and types of patients, equipment, transportation, etc.) at VAMCs in potential impact areas. | 10N, EMSHG |
| | 2. Identify potential VAMC sites for evacuated patients. | 10N, EMSHG, 13 |
| | 3. Ensure all VAMCs review possible discharges and transfers in potential impact areas. | 10N |
| | 4. Activate Air Evacuation BPA. | 10N, EMSHG, 13 |
| | F. Communications and Outreach | |
| | 1. Participate in scheduled situation briefings for ESF #8 partners. | 13 |
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| Briefing Paper | Actions/Issues | Responsible Office |
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| Stage 2 Activation Day - 4 (Hour - 96) to Day - 3 (Hour - 72) | | |
| | VHA JOINT OPERATIONS CENTER | |
| | 1. Increase VHA Operations Center coverage to 24 hour schedule | 13 |
| | 2. Ensure all Incident Command System positions are staffed 24/7. | ALL |
| | a. Operations Section <ul style="list-style-type: none"> i. Initiate daily EMSHG conference calls. ii. Roster AEMs, Health/Medical and Support Services personnel for deployment within 24 hours. iii. Initiate VAMC evacuation as directed. | ALL |
| | b. Planning Section <ul style="list-style-type: none"> i. Gather data on public health and medical critical infrastructure resources. ii. Determine the need for patient evacuation from VAMCs in potential impact areas and finalize the evacuation plan if necessary. iii. Assume responsibility for preparing daily report and incident action planning. iv. Include requirements of individuals with special needs in incident action plan. v. Develop a plan for the activation and deployment of emergency teams. | ALL |
| | c. Logistics Section <ul style="list-style-type: none"> i. Logistics develops input for the staging of emergency relief supplies. ii. Activate and notify all BPAs and Points of Contacts. iii. Logistics Branch Chiefs identify any potential resource shortfalls or issues. iv. Coordinate evacuation assets as per evacuation plan. | ALL |
| | d. Administration and Finance <ul style="list-style-type: none"> i. Ensure that funds are available to support pre-disaster operations. ii. Ensure that funds are available to support response and recovery operations. | ALL |
| | 3. Provide AEM Liaison representation to HHS SOC when activated. | 13C |
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Stage 3 Deployment Day - 3 (Hour - 72) to Day - 0 (H-Hour, Landfall)

VHA JOINT OPERATIONS CENTER

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| | 1. Initiate deployment actions for appropriate AEM EMSHG personnel a. Prepare to deploy AEM Liaison to ERT-A. b. Prepare to deploy AEM Liaison to State EOC. | Operations |
| | 2. Stage public health, medical and mental health personnel assets if necessary. | Logistics |
| | 3. Stage VHA mobile assets if necessary. | Logistics |
| | 4. Deploy VHA teams as required | Operations |
| | 5. Develop updated and more detailed impact analysis 24 hours prior to the event that further defines the impact area based on detailed and more defined models. The analysis will be refined on a 12, 8, 4 hour basis as determined by up dated data. | Planning |
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| Briefing Paper | Actions/Issues | Responsible Office |
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| <p align="center">Phase II - Sustained Response and Recovery Operations Trigger Event 3: Presidential Emergency Declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act or the Declaration of an Incident of National Significance (H Hour – Start of Phase III)</p> | | |
| | | |
| <p>VHA Strategy: Rapidly Deploy VHA Assets to Assist with internal VA missions and/or HHS Official Mission Assignments by Providing Assistance Where Needed in Saving Lives, Minimizing Adverse Health and Medical Effects, and Stabilizing Public Health and Medical Infrastructure</p> | | |
| VHA JOINT OPERATIONS CENTER | | |
| | A. Planning and Coordination | |
| | 1. Declare an incident requiring VHA deployment of rostered personnel and staged assets. | Incident Commander |
| XX | 2. Make determination of a VHA emergency | Incident Commander |
| | 3. Activate the VHA Joint Operations Center to Full Staffing levels | Incident Commander |
| | a. Expand Operations, Planning, Logistics, and SME cells as required. | Incident Commander |
| | b. Initiate Administration/Finance section if not already activated | Incident Commander |
| | c. Deploy AEM Liaison to State EOC. | Operations |
| | d. Deploy AEM Liaison to ERT-A if requested. | Operations |
| | 4. Task all signed Mission Assignments (MAs) | Operations |
| | | |
| | B. Healthcare, Emergency Response, and Human Services | |
| | 1. Deploy additional VHA assets as required | Operations |
| | 2. Implement necessary measures for special needs population support. | Operations |
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| Briefing Paper | Actions/Issues | Responsible Office |
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| | C. Surveillance, Investigation, and Protective Health Measures | |
| | 1. Collect data from HHS, CDC, HRSA and ESF #8 Partners. | Planning |
| | 2. Participate in public health rapid needs assessments and surveillance in conjunction with HHS and ESF #8 Partners. | Operations |
| | 3. Conduct surveillance for outbreak/reports of abnormal disease or disease rates in the affected areas. | Operations |
| | | |
| | D. Pharmaceuticals, Medical Supplies and Equipment | |
| | 1. Deploy VHA assets caches, mobile clinics, decon teams, etc. as required. | Operations |
| | | |
| | E. Patient Evacuation | |
| | 1. Coordinate patient evacuation with VAMCs in impact area if necessary. | Operations/Logistics |
| | 2. Coordinate with ESF #8 Partners as necessary. | Operations |
| | | |
| | F. Communications and Outreach | |
| | 1. Continue situation briefing/conference calls with VISNs in impact area. | Operations |
| | 2. Continue EMSHG situation briefing/conference calls with deployed AEMs in impact area. | Operations |
| | 3. Coordinate Public Relations and Public Affairs | PIO |

| Briefing Paper | Actions/Issues | Responsible Office |
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| <p align="center">Phase III - Demobilization and Deactivation Phase Trigger Event 4: VHA Joint Operations Center Determines that Sufficient Progress has been made in Restoring Minimal Functionality to Affected and Impacted Area and that the Critical Life- and Economy-Sustaining Critical Infrastructures are able to Support Reentry and Repopulation</p> | | |
| <p>VHA Strategy: To Effect a Smooth and Transparent Transition to Long-Term Recovery</p> | | |
| <p align="center">VHA JOINT OPERATIONS CENTER</p> | | |
| | A. Planning and Coordination | |
| | 1. Determine with HHS/FEMA and that sufficient progress has been made in restoring minimal functionality to affected and impacted area and that the medical and public health infrastructures are able to support reentry and repopulation. | Planning/Operations |
| | 2. At the direction of the VHA Joint Operations Center, develop a scaleable demobilization and deactivation plan for the release of appropriate VHA components. | Planning |
| | 3. Scale VHA Joint Operations Center to reduced staffing to ensure (a) continued visibility on the execution of longer term internal missions and Mission Assignments and (b) maintain situational awareness to support additional response operations. | Incident Commander/Planning |
| | 4. Capture after-action comments | Administration |
| | 5. Demobilize and deactivate specific response assets when its specific task or Mission Assignment is completed or when it is determined the magnitude of the event does not warrant continued use of the asset | Operations |
| | 6. Scale down VHA Joint Operations Center operations commensurate with field activities | Incident Commander |
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| | B. Healthcare, Emergency Response, and Human Services | |
| | 1. Provide PTSD and psycho-social readjustment counseling to VA responders and employees, veterans and volunteers impacted by the event. | Operations |
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| Briefing Paper | Actions/Issues | Responsible Office |
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| | C. Surveillance, Investigation, and Protective Health Measures | |
| | 1. Continue surveillance regarding outbreak/reports of abnormal disease or disease rates in the affected areas. | Planning |
| | 2. Continue surveillance regarding the development of PTSD and psycho-social readjustment problems for responder and VA employees, veterans and volunteers impacted by the event. | Planning |
| | 3. Determine requirements for long-term post-event surveillance or investigation. | Planning |
| | | |
| | D. Pharmaceuticals, Medical Supplies and Equipment | |
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| | E. Patient Evacuation | |
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| | F. Communications and Outreach | |
| | 1. Continue situation briefing/conference calls with VISNs in impact area. | Operations |
| | 2. Continue EMSHG situation briefing/conference calls with deployed AEMs in impact area. | Operations |
| | 3. Coordinate Public Relations and Public Affairs | PIO |
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